ARIZONA STATE	BOARD OF HEALTH State File No. 1527Q
1. PLACE OF BIRTH BUREAU OF V	PITAL STATISTICS Registered No. 378
STANDARD CER	TIFICATE OF BIRTH
County Vila	
District or Township	on Villago P. O. Box 433- Miami
	. // 11/ 1/2 /2 / 1/ /
City /// No. / 0.8 W.	a hospital or institution, give its NAME instead of street and number)
12. Full name of child Francis es Udal	If child is not yet named, make supplemental report, as directed
i. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or of the control of the contr	of hirth Mul 15-1920
8. FATHER	MOMER MOMER
Full name Marcial, Udabe	Fuil maiden name Inla Vugo
9. Residence (Usual place of abode) Wiami	15. Residence (Usual place of abode) Mami
If non-resident, give place and state. Wyonk	If non-resident, give place and state Whoma.
NO. Color or race	16. Color or race
Met 11. Age at last birthday f (Years)	Med. 17. Age at last birthday 2/(Years
12. Birthplace (city or place) Jalie co	18. Birthplace (city or place) Chihu ahua
(State or country) / Mly	(State or country) Mlf.
13. Occupation	19. Occupation
	Nature of Industry
Nature of Industry Mull	1 Houseurfe
	ive and now living. 21. Were precautifus taken against ophive but now dead. 21. Were precautifus taken against ophive but now dead.
Taken as of time of birth of this herein	we but now dead.
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE 30
I hereby certify that I attended the birth of this child, who was	(Born alive or still orn)
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn thild is one that neither breathes nor	vil M. Crow M.D.
shows other evidence of life after birth.	(Physician or-midwife.)
a supplement transet	Mami, Uryong
645-615-93 6 Filed	time 1, 30 lo. E. Jonn
Registrar.	Registrar.